

March 24, 1992

2520032033940

Top Hat Plan Exemption

~~Pension and Welfare~~ Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, D.C. 20210

Re: NOTICE OF DEFERRED COMPENSATION ARRANGEMENT

Dear Sir or Madam:

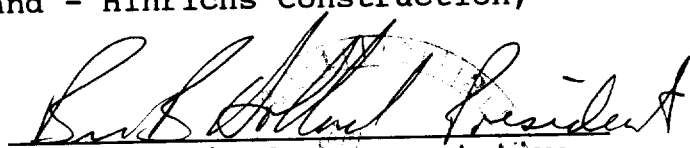
Pursuant to and under the authority of Department of Labor Regulations S2520.104-23 the following information is submitted:

1. Name of Employer: Holland & Hinrichs, Inc.  
d/b/a Holland - Hinrichs  
Construction, Inc.
2. Address of Employer: 4495 North Illinois  
Belleville, IL 62221
3. Employer's Employer  
Identification No.  
(EIN): 37-1197459
4. Number of Plans: one (1)
5. Number of Employees  
in Plan: one (1)

The undersigned Employer hereby declares that the primary purpose of the above plan is to provide deferred compensation for a select group of management or highly compensated employees. The undersigned Employer will provide a copy of the plan document(s) to the Secretary of Labor upon request.

Holland & Hinrichs, Inc. d/b/a  
Holland - Hinrichs Construction,  
Inc.

BY:

  
Its Authorized Representative

